



NON-TOBACCO USER AFFIDAVIT FORM

Return this completed form to your agency benefits coordinator.
If you are not an active employee, send to:

ERS
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
or fax to (512) 867-7438
(866) 399-6908 Toll-free

Information provided to ERS is maintained for administration of your benefits.

If you have questions about your information, or believe that information provided to ERS may be incorrect, please notify ERS.

Policyholder/Participant Name:	Employee ID or SSN (last 4 digits only):

By submitting this form, I certify that the following persons enrolled in my health care coverage are eligible for the Non-Tobacco User Premium:

- Policyholder/Participant/Self
- Spouse
- Dependent Child/ren

Name(s): _____

By signing this form, I certify the truth and my understanding of the following:

You must certify your understanding and agreement to the following:

“Tobacco Products” are cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco and a “Tobacco User” is a person who has used any Tobacco Products five (5) or more times within the past three (3) consecutive months.

If I (or any of my covered dependents): 1) have used Tobacco Products as a Tobacco User; or 2) start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and may be terminated from participation in the GBP.

All premium charges will be prospective. I will not be refunded any part of the Tobacco User premiums.

Under the penalties of perjury, the above information is true and correct. Providing or entering false information may disqualify me from continued coverage in the GBP. If I intentionally misrepresent material facts or engage in fraud, my coverage may be rescinded retroactively to the date of the misrepresentation or fraudulent act. In that event, I will receive thirty days notice before my coverage is rescinded. Further, if I or any of my covered dependents start using Tobacco Products without notifying ERS, I will be subject to monetary penalties and such failure to notify ERS will constitute fraud.

Member Signature _____ Date _____